

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 166 OF 440

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Fair Fight

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jurvetson, Karla, T., ,

Mailing Address 1270 Caroline St NE  
Ste D120-311

City  
Atlanta

State  
GA

Zip Code  
30307-2758

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1028160.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 18 / 2019

Transaction ID : VR060SQZHE0

Amount of Each Receipt this Period

1028160.00

☐ Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Jurvetson, Karla, T., ,

Mailing Address 1270 Caroline St NE  
Ste D120-311

City  
Atlanta

State  
GA

Zip Code  
30307-2758

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2008816.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2019

Transaction ID : VR060SR02C9

Amount of Each Receipt this Period

980656.00

☒ Memo Item

\* Contribution of Stock - Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kamali, Deborah, , ,

Mailing Address 783 35Th Ave

City  
San Francisco

State  
CA

Zip Code  
94121-3435

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Physician

Occupation (for Individual)  
Ucsf

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 16 / 2019

Transaction ID : VR060SRD208

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....▶

1029160.00

TOTAL This Period (last page this line number only).....▶